

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/552,177
	Int'l Filing Date	April 16, 2004
	First Named Inventor	Ahearn, Joseph M.
	Title	IDENTIFICATION AND MONITORING OF SYSTEMATIC LUPUS ERYTHEMATOSUS
	Art Unit	
	Examiner Name	
	Attorney Docket Number	021162-000410US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

20350

OR

☐ Practitioner(s) named below:

Name	Registration Number

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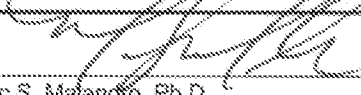
<input type="checkbox"/> Firm or Individual Name			
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	26 OCT 06
Name	Marc S. Malandro, Ph.D.	Telephone	(412) 648-2208
Title and Company	Director, Office of Technology Management, University of Pittsburgh		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.